

Name of Person Filing: _____

Your Address: _____

Your City, State, Zip code: _____

Your Telephone Number: _____

ATLAS Number (if applicable): _____

Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

(Name of Plaintiff/Petitioner)

Case No. _____

**APPLICATION AND AFFIDAVIT
FOR DEFAULT**

(Name of Defendant/Respondent)

NOTICE: THIS IS AN IMPORTANT COURT DOCUMENT. When this document is properly completed and filed, Default has been applied for and entered. The Default will be effective ten (10) days after the filing of this completed document, unless the Defendant/Respondent files an Answer/Response or otherwise defends before the ten day period expires.

STATE OF ARIZONA)
County of Maricopa) ss.

1. I am the Plaintiff/Petitioner in this court case. I understand and make the following statements under oath. I give notice that I am requesting entry of default against the other party, the Defendant/Respondent because the Defendant/Respondent has **not** filed an Answer/Response.
2. Service of the court papers on Defendant/Respondent has been accomplished as follows: (check **ONLY** one box)

☐ The Defendant/Respondent has signed an **"Acceptance of Service"** and has accepted service of the **"Summons,"** Complaint or Petition and other papers. The Defendant/Respondent has **not** filed an **"Answer/Response"**, or otherwise appeared or defended in this court case. Default may be entered.

OR

☐ I have served the Defendant/Respondent according to law with the **"Summons,"** Complaint or Petition and other papers. Defendant/Respondent has **not** appeared, answered, responded or otherwise defended in the time required by law.
3. The Defendant/Respondent is either **not** in the active military service of the United States or has otherwise waived his/her rights under the Soldier's and Sailor's Civil Relief Act.
4. By completing the Certificate of Mailing or Delivery at the bottom of this form, I certify that I am mailing or delivering a copy of this Application and Affidavit to the Defendant/Respondent as notice that I have applied for default and default has been entered in this court case.
5. Check all boxes that are true:
☐ I have mailed a copy of this Application and Affidavit to the Defendant/Respondent at his/her last known address, **OR**
☐ I have mailed a copy of this Application and Affidavit to the attorney I know is representing the Defendant/Respondent, who I claim to be in default, **OR**

☐ I have **not** mailed a copy of this Application and Affidavit to the Defendant/Respondent because I do **not** know his/her location or whereabouts and do not believe the Defendant/Respondent is represented by an attorney. **(You can only check this box, if the Defendant/Respondent was served by publication.)**

Note: If the Defendant/Respondent fails to file a responsive pleading or otherwise defend in this action within **10 days** of the filing of this Application, a default judgment will be entered.

The Plaintiff or Petitioner must still attend the default hearing at the court.

Plaintiff/Petitioner Signature (sign in front of Notary Public)

SUBSCRIBED AND SWORN to before me this _____ day of _____,

by _____

Notary Public

My Commission Expires:

CERTIFICATE OF MAILING OR DELIVERY

On (date) _____ copy of this document was: (check ONLY one box)

☐ mailed postage pre-paid, OR ☐ delivered by _____ (name of person who did the delivery) to the Defendant/Respondent at the following:

Address: _____

Signed: _____